

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19	5-30
FORMALITY REVIEW	46	1129	9/19/01
RESPONSE FORMALITY REVIEW	W	1020	1-10-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	02/14/02
2	02/14/02
3	02/14/02
4	02/14/02
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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20876  
 09/19/01  
 1-10-02  
 4/2